



# Town of Milford

## AMBULANCE SERVICE

Welcome! Thank you for your interest in Milford Ambulance's EMT course. The class will run Saturdays 8am to 5pm January 10<sup>th</sup> through May 30<sup>th</sup> 2015.

The course tuition is \$850. This includes the class, the textbook, student liability insurance and a class uniform polo. The course will cover the DOT EMT curriculum, along with the NH Scope of Practice Modules. Clinical rotations will be conducted at Southern NH Medical Center. Ambulance ride time will be conducted at Milford Ambulance.

The course tuition is \$850. Milford Ambulance Service realizes that \$850 is not a small sum of money, so multiple payment options are offered. If your department is going to be covering the tuition, the lead instructor will need a signed letter/email from a department head stating that the department will cover the tuition. Milford Ambulance Service will then invoice your department.

Students paying the tuition themselves must place a \$150 deposit with their application, and a \$100 payment the first day of class. At a minimum, students must then make \$150 payments on the first class of each month until the balance is paid off. The first class of each month falls on the following dates: February 7th, March 7th, April 4th, and May 2nd. Students can make extra payments at any time. They can also make larger payments or pay off their balance at any time.

The course application is attached. The application can either be mailed back or brought to Milford Ambulance in person. We also accept applications by e-mail; just note on the application or the email that the down payment is being mailed in.

Please feel free to contact me with any further questions. I hope to see you in January!!

-Andrew

Milford Ambulance Service  
66 Elm Street  
Milford, NH 03055-4240  
(603) 249-0610  
Fax (603) 249-0611  
[www.milford.nh.gov](http://www.milford.nh.gov)

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**Milford Ambulance Service**  
66 Elm Street  
Milford, NH 03055  
(603) 249-0610



**EMT Course  
Spring 2015**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (required for National Registry): \_\_\_\_\_

Social Security Number (required for National Registry): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

Previous EMS Classes/Experience: \_\_\_\_\_

Shirt Size (5.11 Polo): \_\_\_\_\_

Course Information

Dates: **Saturdays January 10<sup>th</sup> – May 30<sup>th</sup>, 2015**

Time: **8 AM to 5 PM**

Location: **Milford Ambulance Service – 66 Elm Street, Milford, NH**

Tuition: **\$850 (does not include exam fees).**

Registration: **\$150 non-refundable deposit (in accordance with RSA 361-B:2) required with registration – Balance payable on the first evening of class. Make check payable to Milford Ambulance Service.**

*Tuition is refundable in the amount of one-half (\$425.00) before 1700 January 17, 2015. After January 17<sup>th</sup> NO REFUNDS will be made.*

**Registration Deadline: December 31, 2014.**

**My signature below attests that I agree to the terms and conditions as set forth above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name